

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Manoa Elder Care, L.L.C.	CHAPTER 100.1
Address: 2870 Oahu Avenue, Honolulu, Hawaii 96822	Inspection Date: January 22-23, 2020 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

DNCH7017171

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications. (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms. <u>FINDINGS</u> Resident #1 <ul style="list-style-type: none"> Medication label for Carvedilol states, "Directions ▲ refer to order on 3/29/2019," however; medication's parameters changed on 4/27/2019. Medication label for Valsartan does not include the hold parameters, nor any indication referring to them in the medication administration record (MAR). 	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Medication label for Carvedilol changed to "directions change refer to order on 4/27/2019"; staff instructed on next medication order to inform physician to update prescription label to reference hold parameters and updated order.</p> <p>Medication label for Valsartan staff placed a refer to directions sticker 3/30/19 on the medication bottle to refer to the hold parameters.</p>	<p style="text-align: center;">1/24/2020</p> <p style="text-align: center;">W</p>

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<input checked="" type="checkbox"/> §11-100.1-17 Records and reports. (b)(4) During residence, records shall include: Entries describing treatments and services rendered;" <p><u>FINDINGS</u> Resident #1 – No documented evidence that the facility clarified the 10/9/19 Consultant Registered Dietitian note, "Recommendations given, develop breakdown" and followed the recommendations.</p>	<p align="center"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p align="center"><u>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</u></p> <p align="center">PART 1</p> <p>1. Resident was discontinued from her fluid restriction on 1/16/2020. Due to the discontinuation of the fluid restriction supporting documents were placed in residents part of chart.</p> <p>1) Staff were given recommendations at time of Registered Dietician visit on 10/9/19. DON then took those recommendations and typed up supporting document with breakdown of fluids throughout day. This document was given to the house on 10/11/19. The document reflects the recommendations given by the consult Registered Dietitian.</p>	<p align="center">1/27/2020 W</p>

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<input checked="" type="checkbox"/> §11-100.1-17 Records and reports: (b)(4) During residence, records shall include: Entries describing treatments and services rendered;" FINDINGS Resident #1 – No documented evidence that the facility followed safe swallowing as stated in the 3/5/19 Speech Language Pathologist assessment.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Staff to document on monthly summary that they are following safe swallowing practices for Resident #1. Staff educated at start of employment of safe swallowing. Additionally Speech Language Pathologist assessment stated nurse was instructed on 3/4/19. Reeducated staff on safe swallowing practices for resident #1. Provided sheet with safe swallowing practices and all staff to read and sign that they are aware 2/3/2020</p>	<p style="text-align: right;">1/27/2020 ✓</p>

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<input checked="" type="checkbox"/> §11-100.1-53 Personnel and staffing requirements. (c) All Type II ARCHs shall have available a registered nurse to provide direct management and oversight of residents and direct care staff. The registered nurse shall provide assessments of residents with appropriate training and oversight of staff to ensure that resident needs are met. FINDINGS Resident #1 – No documented evidence that the registered nurse provided training/instructions regarding the resident's swallow status, compensatory swallow strategies, and aspiration risk as stated in the 3/5/19 Speech Language Pathologist assessment.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>1. All nurses and nursing assistants are trained at the beginning of employment on safe swallowing strategies, modified diets, aspiration risks in their orientation.</p> <p>2. Reviewed safe swallowing strategies with Nurse on Duty, provided hand out with safe swallowing procedures 2/3/2020 for all staff to sign.</p>	<p style="text-align: center;">1/27/2020</p> <p style="text-align: center;">~</p>

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Licensee's/Administrator's Signature:

Paul Lester

Print Name:

Tatiana Victor

Date:

2/3/2020

STATE OF TEXAS
DEPARTMENT OF
TRANSPORTATION
SAFETY DIVISION

11:24 01/24/20